

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31637  
8168  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 3 weeks  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1420 Cole 225

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital d. STREET ADDRESS (If rural, give location) St. Louis

3. NAME OF DECEASED a. (First) Nesbit b. (Middle) Wilson c. (Last) Ford 4. DATE OF DEATH (Month) (Day) (Year) 9 25 '50

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec. 4, 1890 9. AGE (In years last birthday) 59 10. MONTHS 9 11. YEARS 21 12. HOURS 9 13. MIN. 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 10b. KIND OF BUSINESS OR INDUSTRY odd jobs 11. BIRTHPLACE (State or foreign country) Port Gibson, Mississippi 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ford 13b. MOTHER'S MAIDEN NAME Emily 14. NAME OF HUSBAND OR WIFE Lillian Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Lillian Ford ADDRESS 1202 Baker

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Broncho pneumonia - Hypostatic carcinoma, epidermoid of tongue  
ANTECEDENT CAUSES carcinoma, epidermoid of tongue  
DUE TO (b) Undetermined  
DUE TO (c) Undet.  
II. OTHER SIGNIFICANT CONDITIONS None  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 141X

22. I hereby certify that I attended the deceased from 8-22-50, 1950, to 9-25-50, 1950, that I last saw the deceased alive on 9-25-50, 1950, and that death occurred at 7:35 PM, from the causes and on the date stated above.

23a. SIGNATURE Alvin Thompson (Degree or title) M. D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 9-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 9-28-50 24c. NAME OF CEMETERY OR CREMATORY Booker Washington 24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois

DATE REC'D BY LOCAL REG. SEP 28 1950 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 3817 Page

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*C. V. Nash*

Signed.....

Student Embalmer

Licensed Embalmer No. *2435*

P. O. Address *3847 Payne*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.